

Application for Certification of Backflow Prevention Device Tester

INSTRUCTIONS: Please type or print in INK;
see attached instruction sheet for details.

Applicant - Complete Sections A through C
Instructor - Complete Section D

HEALTH DEPARTMENT USE ONLY

Expiration Date

Certificate Number

mo

da

yr

SECTION A. PERSONAL INFORMATION

1. Name _____ 2. County of Residence _____
last first mi

3. Home Address _____
number and street

_____ *city, town, village* _____ *state* _____ *zip code*

4. Home Tel. Number () - - 5. Social Security Number - -

6. Relevant Licenses or Certifications Held (Plumber, Professional Engineer, Registered Architect, Water Systems Operator, etc.)
(Attach additional Sheet if required)

Type of License	Issued by	License #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION B. EMPLOYMENT INFORMATION (Attach additional sheet if required)

1. Name of Employer _____ 1a. Employer's Plbg. Lic# _____

2. Address _____ 1b. Issuer _____
number and street

_____ *city, town, village* _____ *state* _____ *zip code* 1c. Exp. Date _____

3. Telephone Number () - - 4. Job Title _____

5. Type of Work/Job Duties _____

6. Where would you like correspondence sent? **9** Home **9** Office

SECTION C. CERTIFICATION INFORMATION

1. Certificate Sought 9 General Tester 9 Limited Tester	2. Application for 9 New 9 Renewal	3. If renewal, give original certificate number and date of issue Number _____ Date _____
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Applicant's Signature _____ Date _____
mo da yr

SECTION D. RECORD OF CROSS CONNECTION CONTROL COURSE PERFORMANCE

(To be completed by supervising instructor.)

Sponsor of Cross Connection Course	Course Location																								
Supervising Instructor Name	<div>Dates of Training</div> <div>From <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>mo</i></td><td style="text-align: center;"><i>da</i></td><td style="text-align: center;"><i>yr</i></td><td colspan="3"></td></tr></table>To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;"><i>mo</i></td><td style="text-align: center;"><i>da</i></td><td style="text-align: center;"><i>yr</i></td><td colspan="3"></td></tr></table></div>							<i>mo</i>	<i>da</i>	<i>yr</i>										<i>mo</i>	<i>da</i>	<i>yr</i>			
<i>mo</i>	<i>da</i>	<i>yr</i>																							
<i>mo</i>	<i>da</i>	<i>yr</i>																							
<div>Course Completion</div> <div>9 Passed 9 Failed Final Mark _____</div>																									
Rating Components	Max Values	Recommends Repeating																							
		Yes	No																						
Preliminary quizzes _____ %	15%	9	9																						
Final written exam _____ %	25%	9	9																						
Final lab exam _____ %	55%	9	9																						
Instructor student evaluation																									
	_____ % 5%	9	9																						
	TOTAL _____ % 100%	9	9																						
Individual Student Evaluation Narrative																									

Supervising Instructor _____
Signature

Date

<i>mo</i>	<i>da</i>	<i>yr</i>			